

National Institutes of Health Request for Off-Campus Conference Space <i>Use prescribed by NIH Manual 26101-17-1</i>	INSTRUCTIONS: Send this form and your on-line market requisition (RQM) to: <i>NIH Conference Space Coordinator, DSFM, ORS Bldg. 31, Room 6C17 (496-6161)</i>	Requisition Number
		Requisition Date

PART A--Request

1. Requester's Name	2. Phone No.	3. Conference Title
4. Date(s) of Conference	5. Hours of Conference	6. Evening or weekend session included? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. List administrative services required (<i>audio, visual, clerical, etc.</i>)		

8. List any special reasons why off-campus space is needed (*aside from unavailability of NIH space*).

9. **Cost comparison** (*Use only those items that are applicable. Comparison should include all costs to the Government.*)

Facility Name and Location (List selected facility first)	Number and Cost of Accommodations								Cost of Administrative Services (Travel)		TOTAL COST
	Rooms		Room & Board (per diem)		Conference Rooms		Breakout Rooms		Government Personnel	Non-government Personnel	
	No.	Cost	No.	Cost	No.	Cost	No.	Cost			

10. Number of Participants

NIH participants: _____ Non-NIH participants: _____

PART B--Approvals

Authorized official has certified that travel to be performed with this meeting is in accordance with OMB bulletin 76-9, Supplement 2, and that this facility meets requirements accessible to the handicapped, pursuant to DFE Technical Bulletin 6-3 (Dec. 1987). This meeting does not come under the provisions of a conference as stated in the manual, GAM-1-40.

Using funds for travel, meeting facilities, and support services, as outlined above, is necessary and appropriate.

ICD Executive Officer (*signature*):

This is to certify that on-campus space is unavailable.

NIH Conference Space Coordinator (*signature*):